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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Numb r 10/038,761

Filing Date December 31, 2001

First Named Inventor Reeves

Group Art Unit 1755

Examiner Name

Attorney Docket Number 11710-0300 (44040-263112)

To: Commissioner for Patents						
PO Box 1450 Alexandria, VA 22313-1450						
I hereby apply to withdraw as attorney or agent for the above identified application.						
The reasons for this request are: Conflict of Interest						
1. The correspondence address is NOT affected by this withdrawal.						
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS						
Customer Number CR			Place Custom Bar Code Lab		r	
Firm <i>or</i> Individual Name	Kimberly-Clark Worldwide, Inc.					
Address	Legal Department					
Address	401 North Lake Street					
City	Neenah	State	wı	ZIP	54956	
Country	USA					
Telephone	920-721-2000	Fax				
☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number This request is enclosed in triplicate (including any attachments).						
Name Robert E. Richards - Reg. No. 29,105						
Signature / dishop						
Date 7-3-03						
NOTE: Withdrawal is effective when approved rather than when received						

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